

**CEMETERY INCOME AND EXPENSE QUESTIONNAIRE**  
INCOME QUESTIONNAIRE FOR 36 MONTHS: FROM 2012 TO 2014

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

**TOTAL ACREAGE:**

Developed - Sold	_____	Acres
Developed - Unsold	_____	Acres
Undeveloped	_____	Acres
AVERAGE NUMBER OF SITES PER ACRE	_____	

**ANNUAL INCOME:**

	2014	2013	2012
1. Sales _____ sites @ _____	\$ _____	_____	_____
2. Sales _____ crypts @ _____	\$ _____	_____	_____
3. Perpetual Care Fund Investments	\$ _____	_____	_____
4. Miscellaneous (List)	\$ _____	_____	_____
5. TOTAL INCOME	\$ _____	_____	_____

**EXPENSES:**

1. Sales Commission ( sites & crypts)	\$ _____	_____	_____
2. Cost of site improvements	\$ _____	_____	_____
3. Cost of crypts	\$ _____	_____	_____
4. Perpetual Care Reserve	\$ _____	_____	_____
5. Contingencies/Maintenance (list)	\$ _____	_____	_____
6. Administration	\$ _____	_____	_____
7. Insurance	\$ _____	_____	_____
8. Miscellaneous Expense (list)	\$ _____	_____	_____
9. Real Estate Tax	\$ _____	_____	_____
10. Building Depreciation	\$ _____	_____	_____
11. TOTAL EXPENSES	\$ _____	_____	_____

**MORTGAGE/SALES INFORMATION:**

1. Is there a current mortgage on this property? Yes \_\_\_\_\_ No \_\_\_\_\_  
2. If Yes, please provide the following data:

_____	_____	_____
Name of Mortgagee	Mortgage Amount	Interest Rate
_____	_____	_____
Term of Mortgage	Date 1 <sup>st</sup> Payment	Monthly Payment

3. Please provide: Date Purchased \_\_\_\_\_ Consideration \_\_\_\_\_

I declare, under the penalties of perjury, that the contents of this form and all the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

_____	_____	_____
Signature	Title of Signer	Date

_____	_____	
Print/Type Name of Signer	Phone Number	RP-67 (Rev. 12/03rs)